



**Secretary of State
Statement of Information
(Limited Liability Company)**



LLC-12

16-795335

FILED
Secretary of State
State of California

DEC 19 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees — Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00

This Space For Office Use Only

1. Limited Liability Company Name
GIRLS' CLUB ENTERTAINMENT, LLC

2. 12-Digit Secretary of State File Number
200324510036

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box
100A DRAKES LANDING RD, SUITE 200

City (no abbreviations)
GREENBRAE

b. Mailing Address of LLC, if different than Item 4a
PO BOX 355

City (no abbreviations)
KENTFIELD

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

Zip Code
94904

Zip Code
94914

Zip Code

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (Additional Managers/Members).

a. First Name, if an individual - Do not complete Item 5b
JENNIFER

Middle Name
S.

Last Name
NEWSOM

Suffix

b. Entity Name - Do not complete Item 5a

c. Address
100A DRAKES LANDING RD, SUITE 200

City (no abbreviations)
GREENBRAE

Zip Code
94904

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must contain the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a and 6b blank).

a. California Agent's First Name (if agent is not a corporation)
JENNIFER

Middle Name
S.

Last Name
NEWSOM

Suffix

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box
100A DRAKES LANDING RD, SUITE 200

City (no abbreviations)
GREENBRAE

Zip Code
94904

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
MOTION PICTURE FILM PRODUCTION

8. Chief Executive Officer, if elected or appointed

a. First Name
JENNIFER

Middle Name
S.

Last Name
NEWSOM

Suffix

b. Address
PO BOX 355

City (no abbreviations)
KENTFIELD

Zip Code
94914

9. The information contained herein, including any attachments, is true and correct.

Date: 12/13/16 Type or Print Name of Person Completing the Form: JENNIFER S. NEWSOM

PRESIDENT

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, please provide the name of the person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE FILING.)

Name: []

Company: []

Address: []

City/State/Zip: []